UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

RICHARD O'NEAL WHITTED,

Plaintiff,

-against-

E. MARSH, et al.,

Defendants.

24-CV-1659 (LTS)

ORDER DIRECTING PAYMENT OF FEES OR IFP APPLICATION

LAURA TAYLOR SWAIN, Chief United States District Judge:

Plaintiff, who is currently incarcerated at Dutchess County Jail, brings this action *pro se*. Within thirty days of the date of this order, Plaintiff must either pay the \$405.00 in fees that are required to file a civil action in this Court or submit a completed request to proceed *in forma* pauperis (IFP), that is, without prepayment of fees.

To proceed with a civil action in this Court, a prisoner must either pay \$405.00 in fees – a \$350.00 filing fee plus a \$55.00 administrative fee – or, to request authorization to proceed without prepayment of fees, submit a signed IFP application and a prisoner authorization. *See* 28 U.S.C. §§ 1914, 1915. If the Court grants a prisoner's IFP application, the Prison Litigation Reform Act requires the Court to collect the \$350.00 filing fee in installments deducted from the prisoner's account. See 28 U.S.C. § 1915(b)(1). A prisoner seeking to proceed in this Court without prepayment of fees must therefore authorize the Court to withdraw these payments from his account by filing a "prisoner authorization," which directs the facility where the prisoner is incarcerated to deduct the \$350.00 filing fee from the prisoner's account in installments and to send to the Court certified copies of the prisoner's account statements for the past six months.

<sup>&</sup>lt;sup>1</sup> The \$55.00 administrative fee for filing a civil action does not apply to persons granted IFP status under 28 U.S.C. § 1915.

See 28 U.S.C. § 1915(a)(2), (b).

Plaintiff submitted the complaint with a prisoner authorization but without a completed IFP application. Within thirty days of the date of this order, Plaintiff must either pay the \$405.00 in fees or submit the attached IFP application. If Plaintiff submits the IFP application, it should be labeled with docket number 24-CV-1659 (LTS).<sup>2</sup>

No summons shall issue at this time. If Plaintiff complies with this order, the case shall be processed in accordance with the procedures of the Clerk's Office. If Plaintiff fails to comply with this order within the time allowed, the action will be dismissed.

The Court certifies under 28 U.S.C. § 1915(a)(3) that any appeal from this order would not be taken in good faith, and therefore IFP status is denied for the purpose of an appeal. *Cf. Coppedge v. United States*, 369 U.S. 438, 444–45 (1962) (holding that appellant demonstrates good faith when seeking review of a nonfrivolous issue).

SO ORDERED.

Dated: March 6, 2024

New York, New York

/s/ Laura Taylor Swain

LAURA TAYLOR SWAIN

Chief United States District Judge

<sup>&</sup>lt;sup>2</sup> Plaintiff is cautioned that if a prisoner files a federal civil action or appeal that is dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, the dismissal is a "strike" under 28 U.S.C. § 1915(g). A prisoner who receives three "strikes" cannot file federal civil actions IFP as a prisoner, unless he is under imminent danger of serious physical injury, and he must pay the filing fees at the time of filing any new action.

## UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

(full name of the plaintiff or petitioner applying (each person must submit a separate application))  -against-		CV	(	)	(	)			
		(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)							
/£.									
(TU	Il name(s) of the defendant(s)/respondent(s))								
	APPLICATION TO PROCEED WITHO	OUT PREPAYING FEE	S OR CC	)ST	5				
an	m a plaintiff/petitioner in this case and declare that I d I believe that I am entitled to the relief requested in oceed in forma pauperis (IFP) (without prepaying fees the:	this action. In support of th	is applicati	ion to	)				
1.	Are you incarcerated?	☐ No (If "No," go	to Questio	n 2.)					
	I am being held at:								
	Do you receive any payment from this institution?   Yes   No								
	Monthly amount:								
	If I am a prisoner, see 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. See 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.								
2.	Are you presently employed?	☐ No							
	If "yes," my employer's name and address are:								
	Gross monthly pay or wages:								
	If "no," what was your last date of employment?								
	Gross monthly wages at the time:								
3.	In addition to your income stated above (which you living at the same residence as you received more the following sources? Check all that apply.					se			
	(a) Business, profession, or other self-employment (b) Rent payments, interest, or dividends	☐ Yes ☐ Yes		No No					

SDNY Rev: 8/5/2015

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	(c) Pension, annuity, or life insurance payments			Yes			No		
	(d) Disability or worker's compensation payme	ents	Ц	Yes			No		
	(e) Gifts or inheritances			Yes		Ш	No		
	(f) Any other public benefits (unemployment, s food stamps, veteran's, etc.)	social security,		Yes			No		
	(g) Any other sources			Yes			No		
	f you answered "Yes" to any question above, describe below or on separate pages each sour noney and state the amount that you received and what you expect to receive in the future.							of	
	If you answered "No" to all of the questions abo	ove, explain how	you a	are pa	ying your	· expe	enses:		
4.	How much money do you have in cash or in a checking, savings, or inmate account?								
5.	Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:								
6.	Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:								
7.	List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):								
8.	Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:								
<i>Declaration:</i> I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.									
Da	ted	Signature							
Name (Last, First, MI)  Prison Identification # (if incarcerated)									
Λ-1	droce City		+2+2		7in Cada				
Ad	dress City	5	tate		Zip Code				
Telephone Number		E-mail Address (if	availa	able)					